

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re the Application of:

Jensen, Wayne A.
 Lappin, Michael R.
 Rosen, David K.
 Andrews, Janet S.

Serial No.: 10/670,695

Filed: September 25, 2003

Atty. File No.: DI-9-1

For: "USE OF RECOMBINANT ANTIGENS
 TO DETERMINE THE IMMUNE
 STATUS OF AN ANIMAL"

Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450

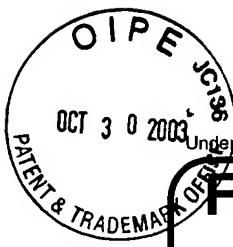
Dear Sir:

Prior to the initial review of the above-identified patent application by the Examiner, please enter the following Preliminary Amendment. Applicants claim small entity and note the basic filing fee of \$375 was paid at the time of filing of this application, September 25, 2003. Applicants attach hereto a Fee Transmittal for FY 2004 containing calculations for the fees incurred due to the addition of claims in this Preliminary Amendment. Applicants authorize the fee of \$284 to be charged to Deposit Account No. 081930, for the addition of claims beyond those covered by the basic filing fee.

Please amend the above-identified patent application as follows:

) Group Art Unit:
)
) Examiner:
)
) PRELIMINARY AMENDMENT
)
)
)
) CERTIFICATE OF MAILING UNDER 37 CFR 1.10
)
) I hereby certify that this correspondence and the documents
) referred to as attached therein are being deposited with the
) United States Postal Service on October 30, 2003, in an
) envelope as "Express Mail Post Office to Addressee" service
) under 37 CFR 1.10, Label No. EV 322825422 US, addressed to
) Commissioner for Patents, P.O. Box 1450, Alexandria, VA
) 22313-1450.
)
) HESKA CORPORATION
) By: Susan A. Gordon
) Susan A. Gordon

10670593
 11/04/2003 WADDELL1 00000009 081930
 01 FC:2201 86.00 DA
 02 FC:2202 198.00 DA



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FEET TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)** **\$284.00**

Complete if Known

Application Number	10/670,695
Filing Date	September 25, 2003
First Named Inventor	Wayne A. Jensen
Examiner Name	
Art Unit	
Attorney Docket No.	DI-9-1

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None
 Deposit Account:

Deposit Account Number **081930**
 Deposit Account Name **Heska Corporation**

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code (\$)	Fee Description	
1051	130	2051 65 Surcharge - late filing fee or oath	
1052	50	2052 25 Surcharge - late provisional filing fee or cover sheet	
1053	130	1053 130 Non - English specification	
1812	2,520	1812 2,520 For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804 920* Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805 1,840* Requesting publication of SIR after Examiner action	
1251	110	2251 55 Extension for reply within first month	
1252	420	2252 210 Extension for reply within second month	
1253	950	2253 475 Extension for reply within third month	
1254	1,480	2254 740 Extension for reply within fourth month	
1255	2,010	2255 1,005 Extension for reply within fifth month	
1401	330	2401 165 Notice of Appeal	
1402	330	2402 165 Filing a brief in support of an appeal	
1403	290	2403 145 Request for oral hearing	
1451	1,510	1451 1,510 Petition to institute a public use proceeding	
1452	110	2452 55 Petition to revive - unavoidable	
1453	1,330	2453 665 Petition to revive - unintentional	
1501	1,330	2501 665 Utility issue fee (or reissue)	
1502	480	2502 240 Design issue fee	
1503	640	2503 320 Plant issue fee	
Total Claims	42	-20** = 22 X 9.00 = 198.00	
Independent Claims	5	- 3** = 2 X 43.00 = 86.00	
Multiple Dependent			
Large Entity	Small Entity	Fee Description	
Fee Code (\$)	Fee Code (\$)	Fee Description	
1202	18	2202 9 Claims in excess of 20	
1201	86	2201 43 Independent claims in excess of 3	
1203	290	2203 145 Multiple dependent claim, if not paid	
1204	86	2204 43 ** Reissue independent claims over original patent	
1205	18	2205 9 ** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)		(\$) \$284.00	
*or number previously paid, if greater; For Reissues, see above			
*Reduced by Basic Filing Fee Paid			SUBTOTAL (3) (\$)

"or number previously paid, if greater; For Reissues, see above

SUBTOTAL (3) **(\$)**

SUBMITTED BY

Name (Print/Type)	Richard J. Stern, Ph.D.	Registration No. (Attorney/Agent)	50,668	Telephone	(970) 493-7272 ext. 4174
Signature			Date	October	, 2003

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This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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10-31-03

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CERTIFICATE OF MAILING BY "EXPRESS" MAIL" (37 CFR 1.10)

"EXPRESS MAIL" MAILING LABEL NUMBER: EV 322825422 US
DATE OF DEPOSIT: October 30, 2003

Serial No.: 10/670,695

Filing Date: September 25, 2003

Docket No.: DI-9-1

I hereby certify that the attached Preliminary Amendment and Fee Transmittal for FY 2004 are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Service under 37 CFR 1.10 on the date indicated above and addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

TYPED OR PRINTED NAME: Susan A. Gordon

SIGNATURE: Susan A. Gordon